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ABSTRACT

Prominent professionals who had worked with seriously ill children were identified through an automated literature search. The Delphi technique was used to identify components and reach expert consensus on knowledge, attitudes and behavior appropriate for teachers of terminally ill children. Comparisons were then made between the consensus and judgment of national experts and a random sample of 375 Texas elementary teachers. A multivariate analysis utilizing the Hotelling T2 statistic indicated significant differences of judgment between the experts and the teachers on four of the 16 questionnaire statements. The report's recommendations include: future investigation of the knowledge, attitudes, and behavior of school administrators toward terminally ill students; evaluation of alternative helping teams; and investigation of the most effective format for teacher education since one-third of the sample reported having taught at least one terminally ill child. A four-page bibliography concludes the report. (Author/CL)

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COMPARISONS OF THE JUDGMENTS OF NATIONAL EXPERTS AND TEXAS TEACHERS ON KNOWLEDGE, ATTITUDES AND BEHAVIOR APPROPRIATE FOR ELEMENTARY TEACHERS OF TERMINALLY ILL STUDENTS

by
Nancy Jane Coates

Current educational practice has resulted in larger numbers of seriously ill young children being mainstreamed. Federal legislation mandates the mainstreaming of handicapped children (Public Law 94-142). The Education for All Handicapped Children Act provided impetus for professionals and advocates to search for effective methods to break down barriers of uncertainty and prejudice on the part of teachers, other service providers and peers (Donaldson, 1980, p. 504). When handicapped persons are viewed as individuals who have differing skills, interests and personality traits and are more alike than different, the ultimate outcome of legislation mandating integration and equal opportunity will be more certain. Education must guarantee the right of educational opportunity for all children, handicapped or not, to receive a free and appropriate education.

The Individualized Education Program (IEP) is possibly the most far-reaching effect of PL 94-142 (Glass, Christiansen, & Christiansen, 1982, p. 32). The law mandates writing a plan for each student before the student is placed into any special education program. The IEP is to be based on regular teachers' observations (Glick & Schubert, 1981, pp. 326-327), and may consider opinions of medical and school personnel.

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Implementation of IEPs depends on personalities, attitudes, and behaviors of individuals directly involved. The preparation and willingness of school personnel or lack of preparation and willingness may be covertly expressed. If the needs of individualization are not realized, the result may be disastrous as segregation (Pfefferbaum, 1982, p. 51).

Increasingly, teachers have become aware of the need to reach the developing, yet seriously ill young students who are able to attend school (Deasy-Spinetta, 1981, pp. 153-168; van Eys, C., 1982, pp. 73-82). Teachers are confronted with new concerns and help is needed for teachers who may face the crisis of a dying child in the classroom, school attendance of ill children, reintegration of the medically exceptional child, or the death of a classmate.

Increasingly, terminally ill children are being returned to classrooms between periods of treatment. Some special needs children have a changed appearance, such as amputated limbs, weight loss or gain, or hair loss. Bartholome (1982, pp. 25-30) reported that the reintegration-rehabilitation movement is in its infancy.

Parents concerned with the welfare of the ill child are also the focus of concern. Current figures of over 50% of the parents who have fatally ill children are themselves suffering discord. They worry about finances, restriction of their social life, travel, siblings, and whether to tell the ill child about his condition (Patton, March 11, 1982). Marital difficulties reported by Filiatreau and Riggen (1976, p. 4)

indicated 70% of families having terminally ill children were having marital difficulties compounding the problem of the family's ability to meet the child's needs.

The school is the institution managing most of our school-age children. Most teachers of young children have limited professional preparation for teaching death education. Formal preparation does not exist in any particular organized way (Crase, 1982, p. 5; Crase & Crase, 1984, p. 350; Scott, 1981, pp. 22-24).

The limited research published on death education has focused primarily on attitude assessment (Crase, 1982, p. 11). The knowledge base must be expanded with teachers not only being prepared in subject matter but also feeling comfortable in talking with children (Crase, 1982, p. 5).

Kirten and Liverman (1977, p. 170) reported that once a child with cancer has been diagnosed, he then can be classified in special educational terms. Emphasis must be placed on treating the child as any healthy child in regular education. Even though frequent absences and medical treatments interrupt the student's school career, school and hospital personnel can cooperate to help achieve normal overall growth and development, both physical and mental. School activities keep the child in touch with his normal routine and are a major part of the child's treatment.

Schmelkin (1981, pp. 42-47) reported a recent growing awareness that the climate within mainstreaming is probably one of the most important determiners of its outcomes. Inside the educational community, statements about the need for research on teachers' attitudes toward mainstreaming

abound, but comparatively little research on teachers' attitudes toward mainstreaming has been conducted. Even though some scales yield indices of attitude and knowledge regarding placement of handicapped individuals, no information about the components of attitudes and knowledge is available.

Briggs-Hooker (1982, pp. 3447-A-3448-A) reported that despite increased interest in researching medical professionals' attitudes toward death, no studies are available on the attitudes of teachers toward death even though teachers influence children more directly and continuously. Effective helpers need to learn as much as possible about child development and behavior; about death and dying, and about children's death-related thoughts, feelings and behaviors (Wass, 1984, p. 78).

Spinetta (1979, p. 15) reported that more directly school-related problems can be more devastating than disease-related concerns because the former are not easily seen. If the teacher views the child as living even though he is ill, the need for referring a child with reading problems to appropriate personnel for diagnostic evaluation and remediation is recognized. When a teacher views the child as dying, referrals are not usually made, and the child may go from grade to grade with the possible concern for his illness instead of developing his academic potential.

Respect for the child's individuality requires teachers to accept the child's expressions of feelings and thoughts (Wass, 1984, p. 78). Teasing, belittling and negating are messages that the child's thoughts and feelings are not valued. Wass noted that basic attitudes such as respect for the child are communicated with words and through body

language.

Schools are not static institutions and continually change to meet the needs of society (van Eys, C., 1982, p. 82). Since the problem of the seriously ill child has surfaced, teachers should be supported in the role of resocialization for the medically exceptional student who is entrusted to their care.

Well prepared teachers are a valuable link in the total care of a seriously ill child. A child who is beginning school and has been diagnosed as having a serious illness can find schooling rewarding. If the child has academic problems not related to the illness, the prepared teacher is able to explain that schooling is new to other children, and assist parents in understanding that the difficulties are not those only of the ill child (Spinetta, 1979, pp. 15-16).

Wass (1984, p. 101) reported that school curriculum needs to be concerned with significant life issues, with instruction at lower levels including death as a natural part of life. Learning is based on the child's immediate environment. When teachable moments present the occasion, the teacher is the significant adult.

The purposes of this study were to:

1. Identify differences, if any, between experts' consensus and elementary teacher consensus on the knowledge, attitudes and behaviors appropriate for teachers of terminally ill children in kindergarten through the sixth grade; and

2. Describe variations in elementary teacher responses on the knowledge, attitudes and behaviors appropriate for teachers of terminally

ill children in kindergarten through the sixth grade as related to: (a) gender; (b) age; (c) educational level; (d) teaching experience with terminally ill children; (e) type of credentialing institution; and (f) total years of teaching experience.

Terms specific to this study, as defined by this researcher, were: attitudes, attitudinal components, behavior, behavioral components, knowledge, knowledge components, national experts, terminal illness, and Texas teachers.

Attitude is defined as the predisposed affect toward the terminally ill child.

Attitudinal Components are defined as the expert consensus of appropriate teacher affect toward terminally ill children.

Behavior is defined as the covert and overt responses toward terminally ill children.

Behavioral Components are defined as the expert consensus of appropriate overt and covert teacher responses toward terminally ill children.

Knowledge is defined as cognitive awareneness of the unique needs of terminally ill children.

Knowledge Components are defined as the expert consensus of appropriate needs unique to terminally ill children.

National Experts are defined as prominent, published authorities on the educational needs of terminally ill elementary age children.

Terminal Illness is defined as medically diagnosed life-threatening illness.

Texas Teachers are defined as individuals certified by the Texas Education Agency to teach at the elementary level.

There were two major questions for the study. The first sought consensus between experts and teachers on the desirability of certain knowledge, attitudes and behaviors for teachers working with terminally ill children. The second sought to look for certain variations in teacher response to knowledge, attitude and behavior in relationship to teacher characteristics. The following hypotheses were formulated:

1. No significant difference will exist between the average response of experts and the responses of elementary teachers on the Knowledge, Attitude and Behavior Instrument.

2. No significant difference will exist between average teacher responses on the Knowledge, Attitude and Behavior Instrument according to demographic characteristics of : (a) gender; (b) age; (c) educational level; (d) teaching experience with terminally ill children; (e) type of credentialing institution; and (f) total years of teaching experience.

Clinicians, academicians, and helping professionals utilized in this study were identified on the basis of their knowledge of dying children, their awareness of the child's needs, and their sensitivity to the attitudes of the classroom teacher. Variation in background experiences and training discipline was incorporated. The 70 participants were geographically distributed in 16 states throughout the United States. Physicians comprised 37% of the total; academicians, 33%; theologians, 4%; clinicians 23% and other professionals, 3%. Their addresses were listed in reference volumes at a medical school, in the 1983 Who's Who,

and in journals in which their publications appeared.

Teachers utilized in the pilot study were identified on the basis of their being professionally active during the 1984-85 school year. Elementary teachers utilized in the Texas study were professionally active during the 1984-85 school year. Instructor names were randomly retrieved from a computerized data bank of professionally active teachers.

The study was delimited to 70 prominent, published educators who had experience with terminally ill children and to approximately 400 Texas elementary teachers. The pilot study was delimited to the population of 146 classroom teachers from kindergarten through the sixth grade in 1984-85. The measures of teacher attitude, knowledge and behavior were limited to 16 items developed through the Delphi technique utilized with the 70 experts.

Maxwell, Pfefferbaum, Copeland and Hansen (1982, p. 155) reported a need for adequate preparation of teachers, parents and children alike since the law mandates that the "normal" shall come in contact with the "exceptional." The intent of the law is that plans will be made for each child according to what will be best for him and for persons affected by what is planned and carried out for him.

The 1977 White House Conference on Handicapped individuals framed a resolution to attempt to identify certain types of handicaps which were different from orthopedic and similar disabilities not easily identified. The radical nature of this resolution was in making a disease a handicap (Gunn, 1982, p. 98).

Bartholome (1982, pp. 25-30) reported that about one in nine children in the United States lives in Texas. The number includes about five million children, with 10 to 12% having handicaps. The target population in Texas is about 600,000. At least half of these children have a major disability with 350,000 identified and enrolled in special education.

If teachers would allow themselves to accept uncertainty as a description of the student who might live or die and if the medical staff could be persuaded to take teachers seriously as professionals, physicians could serve as resource persons (van Eys, 1977, p. 169). Current researchers and other investigators have indicated there are children in the classroom who have concerns about death or who die. In this decade, more young children are being treated for serious illnesses and are being returned to their homes and schools for development to continue.

Crase and Crase (1984, p. 345) report that death and dying instruction is being more widely accepted as a necessary phase of education. Changes in treatment modalities and improved prognoses for the child with cancer have inspired a change in focus. The resumption of a normal routine and positive patterns of coping are seen as significant in the life of ill children according to Kagen-Goodheart (1977, pp. 651-658).

Cairns, Klopovich, Moore, Stephenson, Fried, Gradolf, Suenram, Kurz and Butterfield (1980, pp. 25-32) suggested that a child's physical condition need not determine progress in school. Studies did not indicate any significant burden on teachers as a result of having a dying child in

their classroom. Most teachers saw the experience in a positive pragmatic way such as finding methods of helping the child complete missed assignments. Teachers reported that the experience of losing the child included positive aspects for peers such as increasing sympathy and understanding, asking questions and appreciating one's own health. Further Cairns et al. (p. 30) reported an inverse relationship to physical condition and academic performance. Children who accomplished the most academically were students with very severe medical problems.

Reynolds (1979, p. 22) indicated that many regular teachers are discovering the advantages of consulting with specialists, team teaching, and using aides. These teachers are expanding their professional competencies by learning more about diagnosing educational needs of children and writing IEPs with other professionals. It is important for children with chronic illnesses to maintain their pre-illness levels of academic achievement; schooling becomes crucial in their treatment with return to the classroom seen as a sign of normalcy. Adaptations to accommodate children who have amputations or limited energy were noted. The child with a left-leg prosthesis may require a right-entry desk and a child who uses crutches before having a prosthesis fitted might need time to adjust to the school environment. Flexible scheduling can allow children with crutches or a prosthesis to arrive and leave a few minutes early to avoid crowded areas. Children might need small snacks or rest periods to maintain energy levels. According to Sachs, childhood illnesses such as chicken pox and infections can have serious medical implications. Communication with the child's family should be ongoing

(1980, pp. 328-331).

Stephens and Braun (1980, pp. 292-294) reported that teachers who believed handicapped children can become useful members of society were more willing to mainstream them into the regular classroom than teachers not sharing this belief. Those who believed that public schools should educate exceptional children were also more willing to mainstream them than were teachers who did not advocate this position (p. 293).

While the literature review indicated a high current interest in mainstreaming, a paucity of data exists on educators' attitudes toward mainstreaming (Berryman & Berryman, 1981, p. 2). The attitudes of regular classroom teachers have been found to effect treatment of students (Good & Brophy, 1972, p. 622; Silberman, 1969, pp. 406-407) and those attitudes could be crucial to the success or failure of mainstreaming.

Professionals outside the medical environment, such as school teachers, often equate life-threatening illnesses with death (Spinetta, 1979, p. 14). This attitude must be studied if educators are to be adequately prepared to mainstream children with life-threatening illness in the classroom. Spinetta stated that if the teacher is uneasy about a child with a potentially life-threatening illness being in the classroom, the silent language or nonverbal cues will be sensed and there may be negative results in the child's academic and social performance.

In a study by Keith and Ellis (1978, pp. 228-234), six deaths were reported by school counselors during the 1975-76 school year. Findings indicated that elementary school personnel appeared either to deal directly

with the death or to ignore it completely. The extent to which the teacher, counselor or principal was comfortable with the death appeared to correlate with the administrative decision concerning how the death of a school child would be managed. The general procedure was to avoid mentioning the death. This appeared to communicate the disappearance was magical, terrible or so horrible an event that it could not be discussed. The researchers reported the effect on classroom behavior as restless with an inability to concentrate.

Any topic, especially one as far-reaching as dying deserves honest answers, including admission of ignorance when it exists. Wass reported that deception, misinformation and refusal to respond are more harmful to the child than the truth (1984, p. 80). These lead to more anxiety-provoking fantasies and also the child's trust of the adult.

Evans (1982, p. 104) concluded that teachers cannot shield students by not talking about, acknowledging and dealing with traumatic events that confront them. Educators must be willing and ready to provide the necessary emotional support in the same competent ways that children are taught academic skills. Desired teacher attitudes of respect and trust create an atmosphere that encourage children to inquire and share fears or questions without the concern of ridicule (Wass, 1984, p. 80). Kagen-Goodheart recommended that teachers should be prepared to treat the ill child as normally as possible and to maintain similar expectations as for the other children (1977, p. 653). A desired teacher attitude according to C. van Eys is flexibility in thinking (1982, pp. 73-82).

Oakley (1979, pp. 59-62) noted that helping the terminally ill child included helping other children to be understanding and accepting. Acceptance or rejection by the peer group was influenced by the ill child's self-concept (McCollum, 1975, p. 101). Thomas (1984, preface) stated that terminally ill children are being placed in the learning environment in order to benefit from interaction with their peers. According to Ross and Scarvalone (1982, p. 257), if the teacher is unable to reassure the peer group and help them to understand the ill child's absences and changes in appearance, concern and even fear may be evident in the peer group.

Educators were more responsive to seriously ill children when confidence levels were raised. Even though most general educators have not had to deal directly with children with special needs, Shapiro (1979, p. 40) and Cline (1981, pp. 172-174) studied the attitudes and knowledge of principals toward exceptional children. A lack of knowledge concerning handicapped students was noted. Cline observed that mainstreaming had a poorer chance of success if the principal was not knowledgeable concerning the educational needs of exceptional children. Kaplan, Smith, and Grobstein (1974, p. 250) reported that teachers and administrators can meet the needs of school children more effectively if they become aware of their own reactions to serious illness. The child's activity tolerance at home is the best indicator for tolerance at school (Greene, 1975, p. 87) and limitations can be defined by the child's physician.

Professionals who work with children need to understand developmental levels, children's perceptions of an event, and the confused emotions children experience (Bluebond-Langner, 1978, pp. 166-169). They must allow children to experience the emotions surrounding a death and to deal with those emotions in helpful, positive ways (Matter & Matter, 1982, p. 116).

Children should be prepared for death as they grow up according to Clay (1976, pp. 175-183; Kübler-Ross, 1969, pp. 6-7), with the death of a member of the peer group providing an opportunity to discuss concerns with the child's friends. The feelings and reactions of students to a classmate's death may be expressed meaningfully or hindered by the behavior of the teacher (Keith & Ellis, 1978, p. 233).

Jean Piaget, the developmental psychologist, provided a comprehensive and widely accepted description of cognitive development from infancy to adulthood. Cognitions of death are likely to develop in similar sequences of stages as do other cognitions.

An early childhood curriculum can be one that recognizes developmental needs of young children across all physical and psychological dimensions of growth. Young children need a variety of experiences with a predictable, empathic environment whether they are handicapped or not. The regular classroom and the curriculum for young children need to be flexibly designed and adapted to the needs of both the normally developing child and the one with special needs (Shapiro, 1979, pp. 42-43).

When the child is hospitalized, a special hospital school program should be provided. If home tutoring is undertaken, it needs to be with the understanding that it is directed toward easing eventual return to school. When the ill child returns to school, information may be needed by teachers, counselor, school nurse and the principal. Teachers need to be encouraged to give normal, equal attention instead of granting special favors to the child reintegrated into the classroom (NIH, 1982, pp. 55-56).

In the last two decades, an open approach gained acceptance when it was understood that terminally ill children are often aware of the prognosis even when not told. Evasions and deceptions of adults erode trust and provoke excessive fear and anxiety (Greenham & Lohmann, 1982, p. 90).

Reagan (1982, pp. 3-4) reported that the possibility that the child with cancer is indeed cured causes us to incorporate this very special child into the mainstream of our education. Wass (1984, p. 75) noted that attitudes and actions are considered to be basic requisites for effective helping.

This study had three major phases: (a) identifying needed knowledge, attitudes and behaviors of professionally active teachers who teach or might teach terminally ill children; (b) utilizing the Delphi Method; and (c) contrasting the viewpoints of a random sample of Texas teachers to the view of the experts and describing the variations among teachers.

Identification of the problem as assessing teacher performance in helping dying children and their peers became the topic divided among the schema of knowledge, attitudes and behavior. Since the Delphi Method is understandable, usually fast, cost-effective and versatile, it was selected to be applied to this research study.

The Delphi technique has three basic features: individual opinion elicited usually by questionnaire; controlled feedback conducted in several rounds in which judgments, generated during round one, are sent back to the group on the next round; and in most cases a convergence of opinion with iteration. Divergence of opinion generated on the initial round decreases on successive rounds, usually between the first and second (Bunning, 1979, pp. 174-181).

From the review of literature, the researcher established areas of need for educators involved in the instruction of terminally ill children. Categories evolved by the researcher were teacher knowledge, teacher attitudes and teacher behavior. Instruments were devised to elicit key components of these categories from the identified experts.

Questionnaire Two included the edited results of responses provided in Questionnaire One under the three rubrics of knowledge, attitudes and behavior. A Likert psychometric scale was used to rate each item.

An Individual Background instrument was designed to be mailed with Questionnaire Two. Anonymity was honored even though panelist characteristics were identified as statistical aggregates. Consensus

evolving from Questionnaire Two was returned on Round Three.

Viewed as a method for researching rather than solving a problem, the Delphi technique analysis delineated specific components and yielded expert concurrence in the area of knowledge, attitudes and behavior. The experts generated key components where none existed previously (Schmelkin, 1981, p. 43).

The academicians, clinicians, physicians, theologians and other professionals who were participants in this research indicated that teachers should be professionally equipped to teach and assist pupils who have a serious illness. Interacting with the seriously ill child as a living, developing student and demonstrating kindness, empathy, and acceptance toward the ill child received the highest priority from respondents.

The size of the pilot study allowed the researcher to synthesize results of the smaller scale study before initiating the statewide Texas research. One hundred forty-six participants responded to the pilot study.

The Texas Teacher Survey and the Texas Demographic Survey were sent to 2,000 individual teachers. The sample size was based on Cochran's description of sampling. Cochran (1963, pp. 74-75) indicated 375 responses for a population of 16,000 would be needed to test at the alpha .05 level, and indicated 2,000 contacts might be necessary. When the 375 responses were received, data analyses were implemented.

Structured as a factorial experiment with the data treated as a multivariate response, the study was composed of voluntary responses

with unequal numbers in the cells. Therefore, each factor was analyzed separately using the Hotelling T^2 statistic. The value of the Hotelling T^2 test statistic was 254.3. This was transformed to an F value of 15.15, statistically significant at the alpha .001 level.

The calculated significant T^2 indicated the teachers' mean vector was different from the experts'. Simultaneous 95% confidence intervals were constructed and determined that four statements caused the null hypothesis H_1 to be rejected. The statements were: 1) "In response to dying children in the classroom, teachers should know appropriate classroom response and sources of medical assistance to manage symptoms, side effects, pain and illness-related crises that are likely to occur at school;" 2) "In response to dying children in the classroom, teachers should demonstrate optimism and encouragement for living and learning, even if the quality of life is compromised by illness;" 3) "In response to dying children in the classroom, teachers should treat all child(ren), including those who are ill, as much alike as possible," and 4) "In response to dying children in the classroom, teachers should consult with the family and physician(s) of the child(ren)." This statement was scored lower, or given a higher priority by the experts than teachers. This statement was also scored lower by experts than teachers in the pilot study. Van Eys reported desired attitudes for professionals in education and medicine that include collaborative and cooperative teamwork. With the same goal identified, as a team, the professionals in education and medicine teach the children to realize their potential

(1982, pp. 164-169). The lower scoring by the experts indicates that currently, the experts, with whom the teachers were compared, view collaborative teamwork as more desirable than do teachers. A possible explanation for the significant difference between expert and teacher scoring of this item could be a natural result of the experiential difference between the experts and the teachers.

Although not a part of the original research objectives, a surprising number of teachers reported having had classroom experience with terminally ill children. The demographic results indicated 119 of the 375 respondents or 32% had taught at least one terminally ill child.

In this study experts and teachers were more alike than different. This study was conducted in 1985, eight years after the implementation of PL 94-142. It is possible that mainstreaming of handicapped children has contributed to a universality of acceptance and expectation that was not present historically in the educational community.

Teachers scored three classroom-related items significantly higher than did the experts. The need for classroom management of illness, for optimism and encouragement, and the need to treat all children alike were important to teachers. Perhaps the day-to-day direct involvement with groups of children make these variables more important to teachers.

Summary

The judgments of 70 national experts were compared to a random sample of 375 Texas elementary teachers on the recommended knowledge,

attitudes and behavior of elementary teachers toward terminally ill students. The study utilized the Delphi technique in identifying and reaching expert consensus on components of teacher knowledge, attitudes and behavior appropriate for teachers of terminally ill children. These components were scored by the experts and comparisons were then made to the Texas teachers' scores during January, 1985.

A multivariate analysis utilizing the Hotelling T^2 statistic was computed which indicated significant differences between the experts and the teachers on four questionnaire statements. No significant differences were found on questionnaire responses when teacher demographic characteristics were compared.

The high frequency of teacher contact with terminally ill children and the overall high priority given to the components suggest a sound basis for curriculum development in teacher education. Teachers scored three classroom components higher than did the experts; the experts scored the value of a collaborative team higher than did the teachers.

Since this research focuses on a new area of teacher education, its findings can only be compared to those studies that relate to the more general area of handicapped children and issues of mainstreaming. Those studies of relevance to this research are those that focus on teacher attitudes.

Overall, this study provides a consensus on the knowledge, attitude, and behavior components needed by teachers of terminally ill

children. These components provide a broad base for teacher inservice education.

Recommendations

This research suggests a variety of additional studies:

1. A similar study investigating the knowledge, attitudes and behavior of school administrators toward terminally ill students;

2. Research to assess the effectiveness, functions, and processes as various combinations of helping professionals, parents, peers and siblings are involved in helping the child;

3. Research to assess the most effective format for teacher education since approximately one-third of this sample reported having taught at least one terminally ill child in their classroom.

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Abstract

Comparisons of the Judgments of National Experts and Texas Teachers on Knowledge, Attitudes and Behavior Appropriate for Elementary Teachers of Terminally Ill Students

Current educational practice has resulted in larger numbers of terminally ill young children being mainstreamed. Increasingly, teachers have become aware of the need to reach the developing, yet, seriously ill young students. In relationship to medically exceptional children, teachers are confronted with the new concerns of reintegration, resocialization, peer relations and effective communication.

Prominent professionals who had worked with seriously ill children were identified through an automated literature search. The Delphi technique was utilized in identifying components and reaching expert consensus on knowledge, attitudes and behavior appropriate for teachers of terminally ill children. Comparisons were then made between the expert consensus and judgment of a random sample of Texas teachers.

A multivariate analysis utilizing the Hotelling T^2 statistic indicated significant differences of judgment between the experts and the teachers on four of the sixteen questionnaire statements.

Recommendations include: Investigation of the knowledge, attitudes and behavior of school administrators toward terminally ill students; evaluation of alternative helping teams; and investigation of the most effective format for teacher education.